

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

New York State Hospital and Healthcare Associations' Federal PAC

ADDRESS (number and street)

One Empire Drive

Check if different
than previously
reported. (ACC)

Rensselaer

NY

12144

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00160259

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)

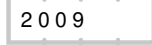


Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

10

15

2009

through

11

23

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Steven Kroll

Signature of Treasurer

Electronically Filed by Mr. Steven Kroll

Date

12

02

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period:

From:

M M
1 0D D
1 5Y Y Y Y
2 0 0 9

To:

M M
1 1D D
2 3Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		62674.90
(b) Cash on Hand at Beginning of Reporting Period	47640.73	
(c) Total Receipts (from Line 19)	70790.00	208855.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118430.73	271530.73
7. Total Disbursements (from Line 31)	0.00	153100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118430.73	118430.73
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
1	0	1	5	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	1	2	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	52260.00	169590.83
(ii) Unitemized	16530.00	37265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68790.00	206855.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	70790.00	208855.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	70790.00	208855.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70790.00	208855.83

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	150000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	600.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	600.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	153100.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	153100.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	70790.00	208855.83
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70790.00	208255.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel Abbruzzese

Mailing Address 7 Harrison Woods Court

City State Zip Code
 Northport NY 11768

FEC ID number of contributing federal political committee.

C

Name of Employer
Winthrop University Hosp.Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13385

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Alesandro

Mailing Address 52 Mariners Lane

City State Zip Code
 Northport NY 11768

FEC ID number of contributing federal political committee.

C

Name of Employer
Huntington HospitalOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13469

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ralph Andrew

Mailing Address 310 E. 14th Street

City State Zip Code
 New York NY 10003

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Eye and Ear InfirmaryOccupation
Gov't. Affairs Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13384

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Vijayan Aroumougame

Mailing Address 11 Ridgefield Drive

City

Delmar

State

NY

Zip Code

12054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saratoga Hospital

Occupation
Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13540

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Baran

Mailing Address 2489 East Lake Road

City

Skaneateles

State

NY

Zip Code

13152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auburn Memorial Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13427

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Deborah Bohren

Mailing Address 132 Reverie Court

City

White Plains

State

NY

Zip Code

10603

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation
Vice Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13288

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick Borek

Mailing Address 45 REade Place

City

Poughkeepsie

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Quest

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13485

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Akram Boutros

Mailing Address 69 Hitching Post Lane

City

Glen Cove

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Nassau Communities
Hospital

Occupation

Sr. Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13393

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Bove

Mailing Address 24 Sexton Drive

City

West Islip

State

NY

Zip Code

11795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital
Medical Center

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13309

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Christina Boyd

Mailing Address 382 Bunn Hill Road

City

Vestal

State

NY

Zip Code

13850

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Services

Occupation
Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13631

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Angelo Calbone

Mailing Address 5300 Military Road

City

Lewiston

State

NY

Zip Code

14052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. St. Mary's Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13545

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jerome Canny

Mailing Address 7 Ivanhoe Raod

City

Binghamton

State

NY

Zip Code

13903

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Servs Hospi-
tals

Occupation
Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13632

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Donald Carlin

Mailing Address 90 Highland Avenue

City

Binghamton

State

NY

Zip Code

13905

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Services Ho-
sps.Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13636

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Carman

Mailing Address 322 Flower Avenue West

City

Watertown

State

NY

Zip Code

13601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Medical CenterOccupation
Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13506

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Carrigg

Mailing Address 25 Sweet Briar Court

City

Endwell

State

NY

Zip Code

13760

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health ServicesOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13645

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William Carroll

Mailing Address 522 First Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Ctr.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13738

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Conole

Mailing Address 651 Stinard Avenue

City

Syracuse

State

NY

Zip Code

13207

FEC ID number of contributing
federal political committee.

C

Name of Employer
E.J. Noble Hospital-Gouverneur

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13326

Amount of Each Receipt this Period

650.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rajesh Dave

Mailing Address 323 Foster Road

City

Vestal

State

NY

Zip Code

13850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unite Health Services Hospitals

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13630

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Dobrinski

Mailing Address 84 Mill Street

City

Binghamton

State

NY

Zip Code

13903

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Services

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13643

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Donoghue

Mailing Address 550 First Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13294

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Fagan

Mailing Address 117 E. 7th Street

City

New York

State

NY

Zip Code

10009

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Catholic Med.
Ctr.

Occupation

Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13356

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melissa Farber

Mailing Address 33 Westminster Drive

City

Parsippany

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Guild for the Blind

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13374

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Feuerstein

Mailing Address 5 Cliffview Court

City

Princeton Junction

State

NJ

Zip Code

08550

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13284

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Flanagan

Mailing Address 400 E. 34th Street

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Ctr.

Occupation

Dept. Chairman & Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms Anne Fontaine

Mailing Address 91 Columbia Heights

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooklyn Hospital Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13325

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Francis

Mailing Address 275 North Street

City

Harrison

State

NY

Zip Code

10528

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Hosp., Wstc-
hstr

Occupation
Administrative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13475

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Denise George

Mailing Address 6511 Springbrook Avenue

City

Rhinebeck

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Dutchess Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13484

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Gino Giorgini

Mailing Address 1000 Montauk Highway

City

West Islip

State

NY

Zip Code

11795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital
Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13392

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. Aaron Glatt

Mailing Address 1035 Hazel Place

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Island Hospital

Occupation

Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13536

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Gold

Mailing Address 1 Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthcare Assn. of NYS

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13658

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Golinowski

Mailing Address 35 Pheasant Run Lane

City

Dix Hills

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13394

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Grossman

Mailing Address 550 First Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Ctr.

Occupation

Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13398

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin Hannifan

Mailing Address 111 Wildwood Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation

Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13286

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ira Hazan

Mailing Address 30 Plum Beach Point Road

City

Sands Point

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore-LIJ Health Sy-
stem

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13656

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Warren Hern

Mailing Address 89 Genesee Street

City

Rochester

State

NY

Zip Code

14611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Health System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13449

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Hiegel

Mailing Address 1220 Park Avenue

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southampton Hospital

Occupation
Board Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13425

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Higgins

Mailing Address 6 Sage Estate

City

Menands

State

NY

Zip Code

12204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13731

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Hines

Mailing Address 111 Cherry Valley Ave.

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winthrop University Hospi-
tal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.13510

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Hoffman

Mailing Address 374 Stockholm Street

City

Brooklyn

State

NY

Zip Code

11237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyckoff Heights Med. Ctr.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13477

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Theodora Hooton

Mailing Address 55 Wheatley Road

City

Glen Head

State

NY

Zip Code

11545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winthrop University Hospi-
tal

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13391

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Hurlbut

Mailing Address 200 Sheldon Road

City

Honeoye Falls

State

NY

Zip Code

14472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strong Memorial Hospital

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13313

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel Ireland

Mailing Address 6994 Tripp Road

City

Byron

State

NY

Zip Code

14422

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Memorial Medical
Ctr.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13455

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sharon Kennish

Mailing Address 1077 Noyack Road

City

South Hampton

State

NY

Zip Code

11968

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Catherine of Siena Med
Ctr

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11AI.13389

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Ms. Maryann Kepple

Mailing Address 45 REade Place

City

Poughkeepsie

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Quest

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: SA11AI.13735

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Robin Kinslow-Evans

Mailing Address 16 Woodfield Road

City

Pomona

State

NY

Zip Code

10970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours Charity Health
Sys

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: SA11AI.13637

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Kirchen

Mailing Address 77 Bleecker Street

City

New York

State

NY

Zip Code

10012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13292

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary Kochem

Mailing Address 78 McCormack Road

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Medical Center

Occupation

Chief Operations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13574

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy Lendor

Mailing Address 3 Daniel Lill Court

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthcare Assn. of NYS

Occupation

QARI Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13395

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Lawlor

Mailing Address 110 Lisa Drive

City

Northport

State

NY

Zip Code

11768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntington Hospital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13472

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cynthia Levernois

Mailing Address 232 Concord Hill Drive

City

Altamont

State

NY

Zip Code

12009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthcare Association of
NYS

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13337

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Levine

Mailing Address 36 Halyard Road

City

N. Woodmere

State

NY

Zip Code

11581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peninsula Hospital Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13336

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew Litt

Mailing Address 116 W. 86 Street

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13296

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. D. Rob MacKenzie

Mailing Address 6252 Bower Road

City

Trumansburg

State

NY

Zip Code

14886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cayuga Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13505

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Sandra MacWilliam

Mailing Address 19 Sheldon Terrace

City

Spencerport

State

NY

Zip Code

14559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Health System

Occupation

Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13471

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Diane Marotta

Mailing Address 6 Seabrook Lane

City

Stony Brook

State

NY

Zip Code

11790

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.T. Mather Memorial Hosp-
ital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13606

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy McCormick

Mailing Address 89 Genesee Street

City

Rochester

State

NY

Zip Code

14611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13448

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark McManus

Mailing Address 19 Eagle Drive

City

Endwell

State

NY

Zip Code

13760

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Services

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13641

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James Millard

Mailing Address 150 Streif Road

City

Elma

State

NY

Zip Code

14059

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13274

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Ms. Florie Munroe

Mailing Address 45 REade Place

City

Poughkeepsie

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Quest

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13453

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John J. Murphy

Mailing Address 6079 Bay Hill Circle

City

Jamesville

State

NY

Zip Code

13078

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13615

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Ockenden

Mailing Address 62 Erie Crescent

City

Fairport

State

NY

Zip Code

14450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strong Memorial Hospital

Occupation

Assoc. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.13467

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Ockers

Mailing Address 101 Hospital Road

City

Patchogue

State

NY

Zip Code

11772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookhaven Meml. Hosp. Me-
d. Ctr.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.13544

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Ogden

Mailing Address 140 Burwell Street

City

Little Falls

State

NY

Zip Code

13365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Falls Hospital

Occupation

Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.13396

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Seth Orlow

Mailing Address 560 First Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13740

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alexander Ovchinsky

Mailing Address 2560 Ocean Avenue

City

Brooklyn

State

NY

Zip Code

11229

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Eye & Ear Infirmary

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13402

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathy Parker

Mailing Address 1316 East Avenue

City

Rochester

State

NY

Zip Code

14642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strong Memorial Hospital

Occupation
Dean & Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13618

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms Kathleen Parrinello

Mailing Address 601 Elmwood Avenue

City

Rochester

State

NY

Zip Code

14642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strong Memorial Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13466

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alan Pedersen

Mailing Address 1251 Hinging Post Road

City

Ithaca

State

NY

Zip Code

14250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cayuga Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13483

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Ping

Mailing Address 45 REAdE Place

City

Poughkeepsie

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Quest

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13473

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Recht

Mailing Address 347A Central Park Avenue

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation

Department Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: SA11AI.13742

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Reilly

Mailing Address 5869 Shamrock Court

City

Hamburg

State

NY

Zip Code

14075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health Sys. Buff-
alo

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11AI.13538

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Claire Roche

Mailing Address 3 Lloyd Cove Court

City

Lloyd Neck

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntington Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11AI.13458

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Nancy Rongo

Mailing Address 28 N. Church Street

City

Cortland

State

NY

Zip Code

13045

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Services

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13638

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. J. Robert Rosenthal

Mailing Address 310 E. 14th Street

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Eye and Ear Infirmary

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Andrew Rubin

Mailing Address 61 W. 62nd Street

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Langone Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13450

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Ruggiero

Mailing Address 11 Linden Street

City

Selden

State

NY

Zip Code

11784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp. Med.
Ctr.

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13534

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Safyer

Mailing Address 74 Hunter Avenue

City

New Rochelle

State

NY

Zip Code

10801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center

Occupation
Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2760.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13748

Amount of Each Receipt this Period

2760.00

C.

Full Name (Last, First, Middle Initial)

Mr. Matthew Salanger

Mailing Address 33-57 Harrison Street

City

Johnson City

State

NY

Zip Code

13790

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Services Ho-
sps.

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13647

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

3860.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Sands

Mailing Address 370 Woodcliff Drive
Ste.300

City State Zip Code
Fairport NY 14450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Constellation Brands, Inc.

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13533

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Savage

Mailing Address 105 Balsam Square

City State Zip Code
Poughkeepsie NY 12601

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13307

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. V. Richard Stelzer

Mailing Address 3506 Cross Road

City State Zip Code
Watkins Glen NY 14891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schuyler Hospital

Occupation
Hospital Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.13508

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Sullivan

Mailing Address 8931 Versailles Plank

City	State	Zip Code
Angola	NY	14006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health SystemOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11AI.13542

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Sullivan

Mailing Address 250 Fire Island Avenue

City	State	Zip Code
Babylong	NY	11702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health System of
L.I.Occupation
Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11AI.13400

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. William Tompkins

Mailing Address 1089 Savoy Drive

City	State	Zip Code
Melville	NY	11747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntington HospitalOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11AI.13460

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Trevisani

Mailing Address 167 Serenity Drive

City State Zip Code
 Norwich NY 13815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chenango Memorial Hospital

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13481

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Umbdenstock

Mailing Address 8 Crestview Drive

City State Zip Code
 Ft. Salonga NY 11768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp. Med.
Ctr.

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13367

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Urlaub

Mailing Address 255 Glen Oak Drive

City State Zip Code
 E. Amherst NY 14051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaleida Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13273

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ann Vanderberg

Mailing Address 301 E. 17th Street

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Joint Diseases

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13290

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony Vintzileos

Mailing Address 4 Sky High Terrace

City

Bridgewater

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winthrop University Hospital

Occupation

Chairman, OB/GYN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13387

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rajeev Vohra

Mailing Address 19 Shady Lane

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Nassau Communities Hosp.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13543

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Ward

Mailing Address 333 Demott Avenue

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Hospital Medical
Ctr. Queens

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13532

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arthur Webb

Mailing Address 78 State Street

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Catholic Med
Ctr

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13746

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marcia Weber

Mailing Address 138 W. Hill Terrace

City

Painted Post

State

NY

Zip Code

14870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corning Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13346

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Weber

Mailing Address 45 Reade Place

City

Poughkeepsie

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Quest

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13451

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Adam Weinstein

Mailing Address 5645 Main Street

City

Flushing

State

NY

Zip Code

11355

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Hospital Queens

Occupation

Associate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13571

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Walter Weiss

Mailing Address 277 West End Avenue

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winthrop University Hospi-
tal

Occupation

Director, Pediatric Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13512

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Deborah Weymouth

Mailing Address 70 Howell Street

City

Canandaigua

State

NY

Zip Code

14424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Health

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13514

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Whyte

Mailing Address 2306 Charing Cross Road

City

Baldwin

State

NY

Zip Code

11510

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Nassau Communities
Hosp.

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13390

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Ms. Diana Woodhouse

Mailing Address P.O. Box 593

City

Sackets Harbor

State

NY

Zip Code

13685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Medical Center

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13457

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

52260.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 39

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

The High Need Hospital PAC

Mailing Address 20 Bursley Place

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.**C**

C00345017

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Transaction ID: SA11C.13753

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00